

Innovation Center

Using National Measures of Patients' Perceptions of Health Care to Design and Debrief Clinical Simulations

Shelly L. Eisert, Rebecca J. Bartlett Ellis, Jennifer W. Geers, and Karen L. Werskey

Abstract

This article describes an innovative approach to using national measures of patients' perspectives of quality health care. Nurses from a regional simulation consortium designed and executed a simulation using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to prepare nurses to improve care and, in turn, enhance patients' perceptions of care. The consortium is currently revising the reporting mechanism to collect data about specific learning objectives based on national quality indicator benchmarks, specifically HCAHPS. This revision reflects the changing needs of health care to include quality metrics in simulation.

KEY WORDS Communication – Delivery of Health Care – Program Evaluation – Quality Indicators

A core component of quality in health care delivery is the patient's perception of the health care experience. National measures of patients' perceptions of health care are used by the Centers for Medicare & Medicaid Services (CMS) to reward acute care hospitals for delivering higher quality care (CMS, 2015). The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS, 2012) survey is a standardized measure of patient perceptions of care. HCAHPS data are publicly reported, which enforces hospitals' accountability to quality while helping patients choose where to seek care (CMS, 2014).

Often referred to as a patient satisfaction survey, the HCAHPS reflects aspects of care that patients view as important. It is thus a measure of the patient experience (Robert Wood Johnson Foundation, 2012). The survey consists of eight summary scores: nurse communication, doctor communication, staff responsiveness, medication communication, pain management, discharge information, overall rating of hospital, and recommendation of the hospital (CMS, 2014). Questions focus on actionable items that can be used to enhance care delivery, such as skills in listening to patients and communicating with respect and courtesy. Because the HCAHPS asks patients about the occurrence and frequency of certain behaviors, the data reveal behavioral opportunities that nurses can focus on for improvement.

The Quality and Safety Education for Nurses (2015) project was developed to transform health care by emphasizing the knowledge, skills, and attitudes that impact quality and safety in patient-centered care. Developing competencies in patient centered care with improvement in communication practices requires opportunities to reflect on patient-centered behaviors (Sherwood, 2011). The process can be facilitated through simulation learning activities that allow health care professionals to identify gaps between current and desired practice informed by patient perceptions of care delivery.

This is the author's manuscript of the article published in final edited form as:

Eisert, S. L., Bartlett Ellis, R. J., Geers, J. W., & Werskey, K. L. (2017). Using National Measures of Patients' Perceptions of Health Care to Design and Debrief Clinical Simulations: Nursing Education Perspectives, 38(1), 44–46. <https://doi.org/10.1097/01.NEP.0000000000000078>

BRIDGING THE EDUCATION-PRACTICE GAP

Achieving high quality, patient-centered care requires radical changes to both education and practice. Education is regarded as the bridge to quality because it can prepare health care professionals with the needed quality and safety competencies to reform the system. Competencies in patient-centered care and quality and safety science should be embedded into nursing curricula.

Recognizing the need to prepare students and practicing clinicians with patient-centered competencies, education and practice leaders in a regional simulation consortium developed clinical simulations to prepare students and clinicians to improve care and, in turn, enhance patient perceptions of care. The consortium consists of seven academic-based and seven hospital-based organizations committed to using simulation to enhance care delivery across the region. In this article, we describe how we used national patient experience measures in clinical simulations.

Clinical simulation promotes active learning and critical reflection of performance, leading to a deeper understanding (Scheckel, 2012). Simulations allow adult learners to replace real patient experiences with guided practices that “imitate substantial aspects of the real world in a fully interactive approach” (Kaddoura, 2010, p. 506) while offering opportunities for immediate feedback (Candela, 2012) and helping students develop reflective skills that may help mediate the theory-practice link (Hatlevik, 2012). Simulation experiences assist in developing communication skills necessary for nurses in the clinical environment.

USING SURVEY QUESTIONS TO DEVELOP THE SIMULATION

The HCAHPS areas with greatest opportunity across our region, nurse communication and medication communication, became the foci for developing simulations. The clinical simulation innovation was created using select items from the HCAHPS survey.

To begin, learning objectives were developed using the wording of HCAHPS questions (HCAHPS Survey, 2012):

- The item “How often did nurses listen carefully to you?” was rephrased as a learning objective: “The nurse will listen carefully to the patient.”
- The item “How often did nurses explain things in a way that you can understand?” was rephrased as: “The nurse will explain things in a way that the patient can understand.”
- The item “How often did hospital staff explain the indications for a new medication?” was rephrased as: “The nurse will explain the indications for the new medication.”
- The item “Before giving you any new medication, how often did hospital staff describe possible side effects in a way you could understand?” was rephrased as: “The nurse will describe possible side effects in a way that the patient can understand.”

Using the learning objectives, we developed a scenario guided by the National League for Nursing simulation template (Jeffries, 2007) and focused on communication about medications. The scenario required the nurse to provide discharge instructions to a patient diagnosed with congestive heart failure and given a prescription for furosemide.

Instead of using high-fidelity simulators, two laypersons were trained as a simulated patient (SP) and family member to provide meaningful feedback about the perception of communication during debriefing. The development of the scenario was informed by one of the actor's personal experiences as the family member of a patient hospitalized with congestive heart failure; This actor was the SP in the scenario, with the other actor assigned the role of the patient's son.

Both actors were provided information regarding the scenario and script. Specific cues, mirroring key words and phrases used in the HCAHPS questions, were embedded in the simulation to elicit dialogue for debriefing. For example, the SP commented, "Why do I need this medicine?" and "What are the side effects of this medicine?" The scripted cues provided opportunity for the nurse to demonstrate communication skills and for the actors to evaluate their experience with the nurse.

The nurses and actors completed abbreviated HCAHPS questionnaires at the conclusion of the simulation. The questionnaire was abbreviated to include only items that matched the learning objectives for the simulation:

- "During your hospital stay, how often did nurses listen carefully to you?"
- "During this hospital stay, how often did nurses explain things in a way you could understand?"
- "Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"
- "Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?"

CONSORTIUM-WIDE IMPLEMENTATION

Nurse educators and clinical nurses from across the consortium participated in clinical simulations guided by the HCAHPS and focused on patient perspectives. Three rounds of simulation were conducted to execute the scenario. On the initial round, we learned that engaging the actors in the debriefing allowed learners to receive valuable feedback about their communication skills from the patient's perspective. The feedback received enhanced the learners' self-reflections, which then continued when the learners returned to practice.

Actors were asked to evaluate how they perceived nurse communication, specifically, whether it was clear, understandable, and meaningful. Along with training to acquaint them with potential clinical conversations and information that would be part of the scenario, the actors were introduced to the abbreviated HCAHPS questionnaire prior to the start of the simulation and were told that they would be asked to complete it following the simulation. They were told that they would be asked to share specific examples of communication behaviors associated with their ratings to facilitate debriefing with the nurse.

Actors were not asked to evaluate the clinical competency of the nurse. The nurses were reconvened several times for further discussion, and their reflections on the simulation and debriefing experience became richer over time. Reflecting back on their simulation experiences, the nurses described specific examples of how they had changed their communication with patients.

DEBRIEFING USING NATIONAL SURVEY QUESTIONS

All participants, including the actors, reviewed the videotaped simulation. The de-briefer (educator) paused the video when opportunities for self-reflection were identified, which allowed the nurse and actors to discuss specific key communication behaviors that influenced the patient's perception of care. This approach permitted the actors to share their perceptions of the experience specific to the HCAHPS items targeted in the simulation.

The role of the de-briefer was to elicit patient perceptions of care based on the learning objectives, to assist the nurse to reflect on important communication opportunities identified during the simulation, and to encourage reflection beyond the current simulation to clinical practice experiences. Questions and statements, developed from HCAHPS wording, were used to assist the nurse to explore strengths and areas for improvement in communication practices:

- "How did you let the patient know you were listening carefully?"
- "Explain how you knew the patient was understanding your explanation."
- "Describe how you explained the indications for the new medication."
- "How did you know the patient was understanding your description?"
- "What could you have done differently?"
- "What are your strengths?"

Patients were asked questions such as the following:

- "What could the nurse have done to make you feel that she was carefully listening to you."
- "Explain what you understood about what the nurse was telling you."
- "What did you understand about the possible side effects of the medication?" "What did the nurse do to facilitate communication about your medication?"
- "What could the nurse do differently to facilitate better communication about your medications?"

CONCLUSION

Consortium member institutions complete standardized reports for each simulation. The number of simulations, participants, types of simulations developed across the region, and simulation-related objectives are tracked in a consortium database. The consortium is currently revising the reporting mechanism to collect data about specific learning objectives based on national quality indicator benchmarks, specifically HCAHPS. This revision reflects the changing needs of health care to include quality metrics in simulation.

Incorporating standards of quality of care and using national metrics are simple strategies that can be integrated into clinical simulations. Linking education strategies with measures of national quality serves to bridge the gap between education and practice. By aligning measures of quality in educational assessment with measures of the public's expectations for practice, such as using HCAHPS, educators can better prepare students for practice. It stands to reason that learners will respond more readily to learning opportunities delivered in a way that they can relate to real-life circumstances and that they can discuss thoroughly in a self-reflective manner.

REFERENCES

- Candela, L. (2012). From teaching to learning: Theoretical foundations. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (4th ed. pp. 202-243). St. Louis, MO: Elsevier.
- Centers for Medicare & Medicaid Services. (2014). *HCAHPS: Patients' perspectives of care survey*. Retrieved from www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html
- Centers for Medicare & Medicaid Services. (2015). *Hospital value-based purchasing*. Retrieved from www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html?redirect=/Hospital-Value-Based-Purchasing/
- Hatlevik, I. K. (2012). The theory-practice relationship: Reflective skills and theoretical knowledge as key factors in bridging the gap between theory and practice in initial nursing education. *Journal of Advanced Nursing*, 68(4), 868-877.
- HCAHPS Survey. (2012). HCAHPS online. Retrieved from [www.hcahpsonline.org/Files/HCAHPS%20V7%200%20Appendix%20A1%20-%20HCAHPS%20Expanded%20Mail%20Survey%20Materials%20\(English\)%20July%202012.pdf](http://www.hcahpsonline.org/Files/HCAHPS%20V7%200%20Appendix%20A1%20-%20HCAHPS%20Expanded%20Mail%20Survey%20Materials%20(English)%20July%202012.pdf)
- Jeffries, P. R. (Ed.). (2007). *Simulation in nursing education: From conceptualization to evaluation*. New York, NY: National League for Nursing.
- Kaddoura, M. A. (2010). New graduate nurses' perceptions of the effects of clinical simulation on their critical thinking, learning, and confidence. *Journal of Continuing Education in Nursing*, 41(11), 506-516. doi:10.3928/00220124-20100701-02
- Quality and Safety Education for Nurses. (2015). QSEN initiatives. Retrieved from <http://qsen.org/about-qsen/>
- Robert Wood Johnson Foundation. (2012). *Aligning forces for quality: Measuring patient experience*. Retrieved from http://forces4quality.org/af4q/downloaddocument/5166/Resource-74242.measuring.pt_experience.0412.pdf
- Scheckel, M. (2012). Selecting learning experiences to achieve curriculum outcomes. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (4th ed. pp. 170-187). St. Louis, MO: Elsevier.
- Sherwood, G. (2011). Integrating quality and safety science in nursing education. *Journal of Research in Nursing*, 16(3), 226-240.